

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

PAGE	1	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Americas PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00559906 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ➤ <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee iHeart Media - Cedar Rapids		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 19 / 2016</div> </div>	
Mailing Address 600 Old Marion Road NE		Amount <div> <div>20160.00</div> </div>	
City Cedar Rapids	State IA	Zip Code 52402	Transaction ID : SE.4714 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 17 / 2016</div> </div>
Purpose of Expenditure Meida Placement		Category/ Type	
Name of Federal Candidate BLUM, RODNEY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>01</u> State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>20160.00</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee KXEL - 1540		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 20 / 2016</div> </div>	
Mailing Address 514 Jefferson Street		Amount <div> <div></div> <div>11900.00</div> </div>	
City Waterloo	State IA	Zip Code 50701	Transaction ID : SE.4716 Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 18 / 2016</div> </div>
Purpose of Expenditure Media Purhcase		Category/ Type <div></div>	
Name of Federal Candidate BLUM, RODNEY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>48244.00</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32060.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Donelson, Tom, , ,

[Electronically Filed]

Date _____

Signature

Three digital displays are shown, each with a 7-segment display. The first display shows '10' with 'M' above the first segment and 'M' above the second segment. The second display shows '20' with 'D' above the first segment and 'D' above the second segment. The third display shows '2016' with 'Y' above the first segment, 'Y' above the second segment, 'Y' above the third segment, and 'Y' above the fourth segment.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

Americas PAC

FEC IDENTIFICATION NUMBER ▼

C C00559906

Check if ☒ 24-hour report ☐ 48-hour report☒ New report ☐ Amends report filed onM M M / D D D / Y Y Y Y Y Y
/ / /

Full Name of Payee

Townsquare Media

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2016

Mailing Address 425 Second St.

4th Floor

Amount

City

Cedar Rapids

State

IA

Zip Code

52401

16184.00

Transaction ID : SE.4715

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2016

Purpose of Expenditure

Media Purchase

Category/
Type

Name of Federal Candidate

BLUM, RODNEY, , ,

☒ Support☐ Oppose

Office Sought:

☒ House

District: 01

☐ President☐ Senate

State: IA

Calendar Year-To-Date
Per Election for Office Sought

36344.00

Disbursement For:
2016☐ Primary☒ General☐ Other (specify) ▶

Full Name of Payee

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
/ / /

Mailing Address

Amount

City

State

Zip Code

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
/ / /

Purpose of Expenditure

Category/
Type

Name of Federal Candidate

☐ Support☐ Oppose

Office Sought:

☐ House

District: _____

☐ President☐ Senate

State: _____

Calendar Year-To-Date
Per Election for Office Sought

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

16184.00

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

48244.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Donelson, Tom, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2016

Signature